Solicitation #:7550353

Solicitation Title: College Road East Bound Lane Reconstruction, RIC

BID FORM

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The State of Rhode Island Department of Administration

Division of Purchases, 2nd Floor

One Capitol Hill, Providence, RI 02908-5855

Bidder:

l egal name of entity

Legal name of entity

Address (street/city/state/zip)

David Weer

Contact name

Contact telephone

Contact email

Contact fax

Project:

RIC - College Road South Bound Lane Reconstruction

600 Mount Pleasant Ave. Providence, R.I. 02908

1. BASE BID PRICE

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (*including the costs for all Allowances, Bonds, and Addenda*):

s 31890°°

(base bid price in figures printed electronically, typed, or handwritten legibly in ink)

Thaty one thousand eight hundred unity dollars (base bid price in words printed electronically) typed, or handwritten legibly in link)

ALLOWANCES - None Required

Bonds

The Base Bid Price <u>includes</u> the costs for all Bid and Payment and Performance Bonds required by the solicitation.

Addenda

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price <u>includes</u> the costs of any modifications required by the Addenda.

All Addenda must be acknowledged.

Addendum No. 1 dated:

WOODSacket, RIDS895

Solicitation #:7550353

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Addendum No. 2 dated: _	
Addendum No. 3 dated: _	

2. ALTERNATES (Additions/Subtractions to Base Bid Price)

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase or reduce the Base Bid Price by the amount set forth below for each Alternate selected.

Check "Add" or "Subtract."

Description of Alternate No. 1: Add Alternate

Provide pricing to complete the West Bound Lane of road (approximately 514' x 10') within the parameters of the project length. Work is to be completed during the execution of the East Bound Lane.

Add	Alternate No. 1: (33)
\$(amou	nt <i>in figures</i> printed electronically, typed, or handwritten legibly in ink)
Λ.	0. 1 0. 1

(amount in words printed electronically, typed, or handwritten legibly in ink)

3. <u>UNIT PRICES</u>

The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include <u>all</u> costs, including labor, materials, services, regulatory compliance, overhead, and profit.

Unit Price 1 – Additional Square Footage – Gravel (CY) \$ 55

4. CONTRACT TIME

The Bidder offers to perform the work in accordance with the timeline specified below:

• Start of construction: No earlier than 9 May 2016

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Substantial completion: 12 May 2016

• Final completion: 14 May 2016

5. LIQUIDATED DAMAGES

The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for <u>each</u> calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$0 per day.

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

Date: 3-29-16

BIDDER

Name of Bidder

Signature in ink

Printed name and title of person signing on behalf of Bidder

T ((C))

Bidder's Contractor Registration Number

State of Rhode Island and Providence Plantations Department of Administration Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number:

7550353

Solicitation Title:

COLLEGE ROAD EAST BOUND LANE RECONSTRUCTION, RHODE ISLAND COLLEGE (28

PAGES)

Bid Proposal Submission

Deadline Date & Time:

3/29/2016

1:30 PM

RIVIP Vendor ID #:

67685

Bidder Name:

Lucena Bros.Inc.

Address:

70 Founders Drive

Woonsocket, RI 02895

USA

Telephone:

401-762-5400

Fax:

401-762-5401

Contact Name:

David Lucena

Contact Title:

President

Contact Email:

david@lucenabros.com

SECTION 2 - DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below

1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below

2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.

3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public

corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.

Disclosure details (continue on additional sheet if necessary):		

SECTION 3 - OWNERSHIP DISCLOSURE

Bidders must provide all relevant information. Bid proposals submitted without a complete response may be deemed nonresponsive.

If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder; otherwise, complete ownership disclosure is required.

List each officer, director, manager, stockholder, member, partner, or other owner or principle of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the bidder.

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To found ors DR	TO FOUNDERS DR
WOODSOCKET RE 03895	WOODSOCKET RI 02195
Sales - engineer	Operator-
Dresident- Recritary	Vice president-Treasurer
50%	50%
7	

SECTION 4 - CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
 - 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
 - 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
 - The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
 - 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other

	to this solicitation.	ty or paid to any tillid party contingent on the award of a contract pursuant
<u>√</u> 6.	principals, directors, managers, officers, employees, or age with any other bidder or person to submit a collusive bid p proposal in response to the solicitation, or has in any macommunication with any other bidder or person to fix the pri to fix any overhead, profit, or cost component of the bid pric through any collusion, conspiracy, or unlawful agreement interest in the contract awarded pursuant to this solicitation	r the Bidder, nor any of its owners, stockholders, members, partners, ents has in any way colluded, conspired, or agreed, directly or indirectly, roposal in response to the solicitation or to refrain from submitting a bid anner, directly or indirectly, sought by agreement or collusion or other ce or prices in the bid proposal or the bid proposal of any other bidder, or e in the bid proposal or the bid proposal of any other bidder, or to secure any advantage against the State of Rhode Island or any person with an The bid price in the bid proposal is fair and proper and is not tainted by it of the Bidder, its owners, stockholders, members, partners, principals,
7.	 The Bidder: (i) is not identified on the General Treasurer's list of in investment activities in Iran described in § 37-2.5-2(b); and 	reated pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging (ii) is not engaging in any such investment activities in Iran.
8.	The Bidder will comply with all of the laws that are incorporate	d into and/or applicable to any contract with the State of Rhode Island.
Certification	tion details (continue on additional sheet if necessary):	
State of and the with its in the lacknow contract represe	of Rhode Island through the Division of Purchases to bid proposal. The Bidder certifies that: (1) the Bis terms and conditions; (2) the bid proposal is based bid proposal (including this Bidder Certification will be supposed that the terms and conditions of this solic ct awarded to the Bidder pursuant to this solicents, under penalty of perjury, that he or she is	o this solicitation constitutes an offer to contract with the on the terms and conditions contained in this solicitation idder has reviewed this solicitation and agrees to comply sed on this solicitation; and (3) the information submitted in Cover Form) is accurate and complete. The Bidder citation and the bid proposal will be incorporated into any litation and the bid proposal. The person signing below fully informed regarding the preparation and contents of late and submit this bid proposal on behalf of the Bidder.
	ВІ	DDER
Date:		me of Bidder nature in ink Aucessa Acesi Acesi
	Pri	nted name and title of person signing on behalf of Bidder

FORM W-9 REV 8/15

STATE OF RHODE ISLAND FORM W-9 PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION



THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpaver Identification Number (T.I.N.) Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number. Social Security No. (SSN)	Employer ID No. (EIN) 05 043 1040	
NAME LUCUTA BOS, INC		
ADDRESS TO FOUNDORS DEULO-		
CITY, STATE AND ZIP CODE (1) DODS Chet BI	02895	
PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS A	ABOVE	
ADDRESS		
CITY, STATE AND ZIP CODE		
OTT, STATE AND ZIF CODE		
 CERTIFICATION: Under penalties of perjury, I certify that: The number shown on this form is my correct Taxpayer Identification Number I am not subject to backup withholding because either: (A) I am exempt from the Internal Revenue Service (IRS) that I am subject to backup withholding or (C) the IRS has notified me that I am no longer subject to backup withholding I am a U.S. citizen or other U.S. person (as defined by the IRS). 	n backup withholding, or (B) I have not been notified by as a result of a failure to report all interest or dividends,	
<u>Certification Instructions</u> You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.		
Please sign here and provide title, date and telephone number:		
SIGNATURE TITLE TITLE Original Signature Required (Digital Signature Not Acceptable)	t DATE 3-29-16 TEL NO 401-762-54	
BUSINESS DESIGNATION:		
Please Check One: Individual Corporation Trust/Estate	Government/Nonprofit Corporation	
Partnership	Legal Services Corporation	
LLC Tax Classification: Single Member (Individual)	Partnership Corporation	
 TIPS: NAME: Be sure to enter your full and correct legal name as shown on your incom ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more that same EIN with more than one location attach a list of location addresses which location the year-end tax information return should be mailed. 2) Different EIN for each different location submit a completed W-9 form for each return will be reported for each EIN and remittance address.) 	an one location, adhere to the following: with remittance address for each location and indicate to	
Supplier Contamator	For State Use Only:	
Providence Pl 02008	IRSRI SOSFEDOther RI Supplier # Approved	
Or Fmail To: doa.pursuppliercoordinator@purchasing.ri.gov	Date Entered Entered By	

■ EMC_® Employers Mutual Casualty Company

7007.4 (5-12)

Home Office • Des Moines, Iowa

BID BOND

KNOW ALL MEN BY THESE PRESENTS: That we	e, Lucena Bros., Inc.,
70 Founders Drive, Woonsocket, RI 02895	
as Principal, and the EMPLOYERS MUTUAL CASUAL	TY COMPANY, a corporation organized and existing under
the laws of the State of Iowa and authorized to do busi	ness in the State of Rhode Island
	, as Surety, are held and firmly bound unto the
State of Rhode Island, Dept. of Administration, Div	v. of Purchases, One Capitol Hill, Providence, RI 02908
as obligee, in the sum of five percent of the attache	d bid proposal
States of America, to the payment of which sum of mone bind themselves, their and each of their heirs, execut severally, by these presents.	DOLLARS, lawful money of the United ey well and truly to be made, the said Principal and Surety tors, administrators, successors and assigns, jointly and hat, if the Obligee shall make any award to the Principal for:
Solicitation #7550353 College Road East Bound	Lane Reconstruction, Rhode Island College
enter into a contract with the Obligee in accordance wit give bond for the faithful performance thereof, with the E or with other Surety or Sureties approved by the Obligee	the Principal therefor, and the Principal shall duly make and the terms of such proposal or bid and award and shall EMPLOYERS MUTUAL CASUALTY COMPANY as Surety e; or if the Principal shall, in case of failure so to do, pay to by reason of such failure not exceeding the penalty of this se it shall be and remain in full force and effect.
Signed, Sealed and Dated this 29th day of 1	March , 20 <u>16</u>
Mulina Jawin	Lucena Bros., Inc., By: David J. Lucena, President
Michael T. Dacey Witness	By: Munica Surety Marcia S. Dacey, Attorney-in-Fact



P.O. Box 712 • Des Moines, IA 50306-0712

No. B38880

CERTIFICATE OF AUTHORITY INDIVIDUAL ATTORNEY-IN-FACT

KNOW ALL MEN BY THESE PRESENTS, that:

- Employers Mutual Casualty Company, an Iowa Corporation
 EMCASCO Insurance Company, an Iowa Corporation
- Union Insurance Company of Providence, an Iowa Corporation
- Illinois EMCASCO Insurance Company, an Iowa Corporation
- 5. Dakota Fire Insurance Company, a North Dakota Corporation
- 6. EMC Property & Casualty Company, an Iowa Corporation
- 7. Hamilton Mutual Insurance Company, an Iowa Corporation

hereinafter referred to severally as "Company" and collectively as "Companies", each does, by these presents, make, constitute and appoint: MICHAEL T. DACEY, MARCIA S. DACEY

its true and lawful attorney-in-fact, with full power and authority conferred to sign, seal, and execute its lawful bonds, undertakings, and other obligatory instruments of similar nature as follows:
In an amount not exceeding Two Million Five Hundred Thousand Dollars\$2,500,000.00
and to bind each Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of each such Company, and all of the acts of said attorney pursuant to the authority hereby given are hereby ratified and confirmed.
The authority hereby granted shall expire APRIL 1, 2016 unless sooner revoked.
AUTHORITY FOR POWER OF ATTORNEY
This Power-of-Attorney is made and executed pursuant to and by the authority of the following resolution of the Boards of Directors of each of the Companies at regularly scheduled meeting of each company duly called and held in 1999:
RESOLVED: The President and Chief Executive Officer, any Vice President, the Treasurer and the Secretary of Employers Mutual Casualty Company shall have powered authority to (1) appoint atternation in fact and authority to (2) appoint atternation in fact and authority to (3) appoint atternation in fact and authority to (3) appoint atternation in fact and authority to (4) appoint atternation in fact and authority atternation in fact

AUTHORITY FOR POWER OF ATTORNEY		
This Power-of-Attorney is made and executed pursuant to and by the authority of the following resolution of the Boards of Directors of each of the Companies at a regularly scheduled meeting of each company duly called and held in 1999:		
RESOLVED: The President and Chief Executive Officer, any Vice President, the Treasurer and the Secretary of Employers Mutual Casualty Company shall have power and authority to (1) appoint attorneys-in-fact and authorize them to execute on behalf of each Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof; and (2) to remove any such attorney-in-fact at any time and revoke the power and authority given to him or her. Attorneys-in-fact shall have power and authority, subject to the terms and limitations of the power-of-attorney issued to them, to execute and deliver on behalf of the Company, and to attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and any such instrument executed by any such attorney-in-fact shall be fully and in all respects binding upon the Company. Certification as to the validity of any power-of-attorney authorized herein made by an officer of Employers Mutual Casualty Company shall be fully and in all respects binding upon this Company. The facsimile or mechanically reproduced signature of such officer, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power-of-attorney of the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.		
IN WITNESS THEREOF, the Companies have caused these presents to be 9th day of NOVEMBER , 2015 .	be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this	
Seals	But & Kelley Michael Angel	
ONSOR	Bruce G. Kelley, Chairman of Companies 2, 3, 4, 5 & 6; President of Company 1; Vice Chairman and CEO of Company 7	
SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL	On this 9th day of NOVEMBER AD 2015 before me a Notary Public in and for the State of Iowa, personally appeared Bruce G. Kelley and Michael Freel, who, being by me duly sworn, did say that they are, and are known to me to be the Chairman, President, Vice Chairman and CEO, and/or Assistant Vice President/Assistant Secretary, respectively, of each of The Companies above; that the seals affixed to this instrument are the seals of said corporations; that said instrument was signed and sealed on behalf of each of the Companies by authority of their respective Boards of Directors; and that the said Bruce G. Kelley and Michael Freel, as such officers, acknowledged the execution of said instrument to be the	
SMUTUATE	voluntary act and deed of each of the Companies. My Commission Expires October 10, 2016.	
KATHY LYNN LOVERIDGE Commission Number 780769 My Commission Expires October 10, 2016	Notary Public in and for the State of Jowa	
	CERTIFICATE	
I, James D. Clough, Vice President of the Companies, do hereby certi and this Power of Attorney issued pursuant thereto on	fy that the foregoing resolution of the Boards of Directors by each of the Companies, NOVEMBER 9, 2015 on behalf of:	
are true and correct and are still in full force and effect. In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this29th day of day of Vice President		
7832 (1-14) "For verification of the authenticity of the	Power of Attorney you may call (515) 345-2689."	